Gaithersburg Youth Center Trip (Grades 6-8)

ICE SKATING & PIZZA

Mon., April 10 9:30am-2pm

$20 Members Only

BOHRER PARK ACTIVITY CENTER
506 S. FREDERICK AVE.
GAITHERSBURG, MD 20877

ROCKVILL ICE ARENA
50 SOUTHLAWN CT,
ROCKVILLE, MD 20850

Registration Information:

Return Permission Slip & Payment to **City of Gaithersburg:**

Activity Center/GYC Trip
506 S. Frederick Ave.
Gaithersburg, MD 20877

Or fax form to 301-948-8364

Checks made payable to the **City of Gaithersburg.** Visa, Discover, MasterCard, & AMEX accepted.

JOIN US FOR A DAY OF ICE SKATING AND PIZZA!

MEET AT THE ACTIVITY CENTER AT BOHRER PARK NO LATER THAN 9:15AM. PARTICIPANTS WILL RETURN TO THE GAITHERSRBURG YOUTH CENTER BY 2:00PM

Trip participants will be returned to the GYC and are welcome to stay until it closes at 6:00pm.

Please bring a pair of socks and dress warm for the arena!

Questions? Call Maura Dinwiddie or Jake Hersom at 301-258-6350
Gaithersburg Parks, Recreation & Culture - Move...Play...Grow

---

Ice Skating 4/10/17 #47287

□ Check here if new address/phone since last time registered.   City Resident □ Nonresident □

Parent's Last Name _____ Parent's First Name _____

Address _____City/State/Zip_____

Home Phone_____ Work Phone _____

Email _____

Participant's Name	Sex (M/F)	Birthdate (M/D/Y)	Activity	Activity #	Date	Grade	School	Fee
			Ice Skating	47287	4/12/17			$20

I hereby grant permission for me/my child to attend the activity sponsored by the City of Gaithersburg. I understand that I am responsible for my/my child's insurance in case of injury. Furthermore, I understand that although safety precautions will be observed, the City of Gaithersburg, employees and agents will not be responsible for any personal property lost by me/my child or any injury sustained in the program. I also consent to the City's use of any photographs an/or video tapes made of the program.

_____   _____
Print Parent/Guardian Name   **Signature of Parent/Guardian**

Does your child have any allergies, medications or conditions that may affect participation in the program? **Y□ N □**
Please specify: _____

The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Requests must be made prior to the start of the program. Please call 301-258-6350 to indicate what accommodations are needed.

Amount Paid $ _____ Cash □   Check # _____
Visa/MC/DISC/AMEX# _____ Exp. Date ___/___
Signature (name on card) _____
Print Name_____

Office Use Only: 47287
Rec'd:_____ Initials _____
W P M F   Resident: Y N
Pr: _____ Date:_____